

Located at: 802 Ponus Ridge, New Canaan, CT 06840
Mailing Address: P.O. Box 4718, Stamford, CT 06907
Phone: 203-966-2937 • Fax: 203-966-2325 • Email: info@campplayland.com
www.campplayland.com • www.playlandnurseryschool.com

## SUMMER WARM-UP FOR PRESCHOOLERS 2020

3 WEEKS - TUESDAY, MAY 26 <sup>TH</sup> - FRIDAY, JUNE 12 <sup>TH</sup> MONDAY-FRIDAY, 9:00 AM - 2:00 PM					
TUITION			Enroll Before January 15 <sup>th</sup>		
\$2,750.00			10% Early Bird Savings		
Camper 1	First	Last	Male/Female	Birthdate	
Camper 2					
	First	Last	Male/Female	Birthdate	
Camper 3	First	Last	Male/Female	Birthdate	
[. <u>.</u>					
If your camper(s) do not attend Playland Nursery School, please complete the following:					
Home AddressStreet			Town	Zip	
Parent/Guardian 1			ΔΙΡ		
Home Phone	Cell Phone		Business Phone		
Email					
Parent/Guardian 2					
Home Phone	Cell Phone		Business Phone		
Email					
Live-in or Regular S	itters authorized to pick	k up your child:			
Name			Phone		
Name			Phone		
Emergency Contacts/People Authorized to pick up your child:					
Name			Phone		
Name			Phone		

Tuition is due on March 1, 2020. Tuition includes a camp t-shirt, one special lunch per week, swim lessons, archery, boating, fishing, athletics, zip-line, mini-golf, art, music and more.



## TERMS OF AGREEMENT

- 1. I understand that my full balance is due March 1, 2020.
- 2. After March 1, 2020, no tuition will be refunded.
- 3. It is understood that no credit will be given for program closings, absences, family vacations or withdrawals.
- 4. Playland reserves the right to terminate a child's enrollment for any reason pertaining to the safety and welfare of all children.
- 5. I understand that a HEALTH FORM (dated within 36 months) completed by my physician must be on file before my child(ren) can attend.
- 6. I hereby give permission for my child to participate in all program activities.
- 7. I hereby give permission for Playland to pursue any emergency measures.
- 8. Playland does not provide accident or health insurance for attendees.
- 9. I hereby give permission for photographs and video to be taken of my child and used for promotional uses, including but not limited to, brochures, website, advertisement and/or social media.

Please sign and date below. Your signature indicates that you have read and agree to the above "Terms of Agreement".

Parent/Guardian Signature	Date
School child(ren) attend	
In order to best serve your child, please share to us; i.e. strengths, weaknesses, special need support services or private counseling?), aller	e any and all information that would be helpfulds, social concerns (does your child receive